



Alwyndor Management Committee

NOTICE OF MEETING

Notice is hereby given that a meeting of the Alwyndor Management Committee will be held in the

**Alwyndor Aged Care Meeting Room
Dunrobin Road, Hove**

Tuesday 21 August 2018 at 6.30pm

Justin Lynch
CHIEF EXECUTIVE OFFICER

Alwyndor Management Committee Agenda

1. OPENING

The Deputy Chairperson, Mr O Peters will declare the meeting open at 6.30 pm.

2. KAURNA ACKNOWLEDGEMENT

We acknowledge Kaurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kaurna People today.

3. APOLOGIES

3.1 Apologies received

3.2 Absent

4. DECLARATION OF INTEREST

If a Committee Member has an interest (within the terms of the Local Government Act 1999) in a matter before the Committee they are asked to disclose the interest to the Committee and provide full and accurate details of the relevant interest. Committee Members are reminded to declare their interest before each item.

5. CONFIRMATION OF MINUTES

Motion

That the minutes of the Alwyndor Management Committee held on 17 July 2018 be taken as read and confirmed.

6. CONFIDENTIAL

6.1 Monthly Financial Report – July 2018 (Report No: 53/18)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.

7. REPORTS/ITEMS OF BUSINESS

- 7.1 Governance Update (Report No: 52/18)
- 7.2 Healthy Living Services Update (Report No: 50/18)
- 7.3 People and Culture Update (Report No: 54/18)
- 7.4 Minutes – Governance and Operations Committee – 7 August 2018 (Report No: 51/18)
- 7.5 General Manager’s Report (Report No: 55/18)

8. URGENT BUSINESS – Subject to the Leave of the Meeting

9. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Tuesday 18 September 2018 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

10. CLOSURE

**JUSTIN LYNCH
CHIEF EXECUTIVE OFFICER**

CITY OF HOLDFAST BAY

Minutes of the meeting of the Alwyndor Management Committee of the City of Holdfast Bay held at Alwyndor Aged Care, Dunrobin Road, Hove on Tuesday 17 July 2018 at 6.30 pm.

PRESENT

Elected Members

Councillor R Aust
Councillor S Lonie

Independent Members

Deputy Chairperson – Mr O Peters
Mr T Bamford
Mr K Whitford
Ms L Wills

Staff

General Manager Alwyndor– Mr R Kluge
Personal Assistant – Ms R Gordon
Chief Financial Officer – Ms N Andjelkovic

Observer

Mr K Cheater

1. OPENING

The Deputy Chairperson declared the meeting open at 6.30 pm.

The Deputy Chairperson welcomed Mr Whitford to the Committee, and Mr Cheater as an observer to the meeting. Mr Whitford and Mr Cheater provided the Committee with personal introductions.

2. KAURNA ACKNOWLEDGEMENT

With the opening of the meeting the Deputy Chairperson stated:

We acknowledge the Kaurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kaurna People today.

3. APOLOGIES

- 3.1 For Absence - Nil
- 3.2 Leave of Absence - Ms T Aukett, Ms J Bonnici, Ms J Cudsi

4. DECLARATION OF INTEREST

Members were reminded to declare any interest before each item.

5. CONFIRMATION OF MINUTES**Motion**

That the minutes of the Alwyndor Management Committee held on 19 June 2018 be taken as read and confirmed.

Moved by Cr Lonie, Seconded by Ms Wills

Carried

6. REPORTS/ITEMS OF BUSINESS**6.1 Appointment of Chairperson and Deputy Chairperson (Report No: 44/18)**

At the first meeting of the Management Committee in every financial year, the AMC shall appoint, for an annual term, a Chairperson and a Deputy Chairperson from amongst the Management Committee Members. The incumbent office bearers shall be eligible for reappointment at the expiry of their term, at the AMC's discretion.

Motion

That the Alwyndor Management Committee declares the positions of Chairperson and Deputy Chairperson vacant and appoints the General Manager to act as the Returning Officer for the election of Chairperson and Deputy Chairperson.

Moved Mr Bamford, Seconded Ms Wills

Carried

The General Manager sought nominations for the positions of Chairperson and Deputy Chairperson.

Chairperson

Nominations for the position of Chairperson were received from Ms Trish Aukett.

As there was only one nomination for the position of Chairperson, the Returning Officer declared that Ms Trish Aukett was elected Chairperson of the Alwyndor Management Committee.

Deputy Chairperson

Nominations for the position of Deputy Chairperson were received from Mr Ollie Peters.

As there was only one nomination for the position of Deputy Chairperson, the Returning Officer declared that Mr Ollie Peters was elected Deputy Chairperson of the Alwyndor Management Committee.

Motion

That the Alwyndor Management Committee:

- 1. Appoints Ms Trish Aukett to the position of Chairperson for the year ending 30 June 2019; and that Council be advised accordingly.**
- 2. Appoints Mr Ollie Peters to the position of Deputy Chairperson for the year ending 30 June 2019; and that Council be advised accordingly.**

Moved Cr Aust, Seconded Cr Lonie

Carried

The Returning Officer then vacated the Chair, and Mr Peters assumed the role of Chairperson for the remainder of the meeting.

With leave of the meeting the Chairperson agreed to adjust the order of matters before the committee.

At the discretion of the Chairperson and with support of all members, Mr Cheater remained at the table.

7. CONFIDENTIAL

7.1 Monthly Financial Report – June 2018 (Report No: 47/18)

Exclusion of the Public – Section 90(3)(d) Order

- 1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 47/18 Monthly Financial Report – June 2018 in confidence.**
- 2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 47/18 Monthly Financial Report – June 2018 on the following grounds:**
 - d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.**

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved Cr Lonie, Seconded Mr Bamford

Carried

Motion

RETAIN IN CONFIDENCE - Section 91(7) Order

3. That having considered Agenda Item 7.1 Monthly Financial Report – June 2018 (Report No: 47/18) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.

Moved Mr Bamford, Seconded Ms Wills

Carried

Ms Andjelkovic left the meeting at 6.54pm

7.2 Residential Services Update (Report No: 48/18)

Exclusion of the Public – Section 90(3)(a) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 48/18 Residential Service Update in confidence.
2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 48/18 Residential Service Update on the following grounds:
 - a. pursuant to section 90(3)(a) of the Act, the information to be received, discussed or considered in relation to Report No: 48/18 Residential Service Update is information the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead), being staff and residents of Alwyndor because it details of staff performance and resident care.

- 3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.**

Moved Cr Lonie, Seconded Mr Bamford

Carried

Motion

RETAIN IN CONFIDENCE - Section 91(7) Order

- 2. That having considered Agenda Item 7.2 Residential Services Update (Report No: 48/18) in confidence under section 90(2) and (3)(a) of the *Local Government Act 1999*, the Alwyndor, pursuant to section 91(7) of that Act orders that the report and minutes be retained in confidence for a period of 24 months and that this order be reviewed every 12 months.**

Moved Cr Lonie, Seconded Cr Aust

Carried

The order of the meeting resumed at 7.05pm.

6.2 Minutes – Governance and Operations Committee – 3 July 2018 (Report No: 49/18)

The minutes of the Governance and Operations Committee meeting held on 3 July 2018 are provided for information.

The General Manager offered to meet with any members interested in going over the governance structure incorporating internal committee meetings and the organisation structure.

Motion

That the minutes of the Governance and Operations Committee meeting held on 3 July 2018 be noted.

Moved Cr Lonie, Seconded Mr Bamford

Carried

6.3 General Manager's Report (Report No: 46/18)

These items are presented for the information of Members. After noting the report any items of interest can be discussed and, if required, further motions proposed.

The General Manager advised that there is a delay in the governance report scheduled to be provided this month and will be presented at the August meeting of the AMC. The General Manager indicated to the Committee that he is happy with where the WHS Action Plan is sitting noting that Contractor Management has slowed and may run over as it will likely shoehorn with Council's process.

Register of interest – please complete and return.

Legal advice relating to CCTV installation, obtained via Council's legal counsel, advice supports ability to install at Alwyndor. The General Manager undertook a small verbal poll of 76 residents and all were in favour of having them installed.

The Committee sought clarity from the General Manager on the progress of the CCTV business plan. The General Manager assured the Committee that the CCTV installation process would commence with a new policy and communication plan prior to installation. It was noted that the key reason for the CCTV upgrade is predominantly for resident security, safety and assurance. The Committee agree to in-principle installation of CCTV at Alwyndor by progressing to the tender process, with the results of the tender, a new policy and communication plan be provided to the Committee prior to implementation. The Committee also indicated that Committee approval will need to be sought if costs look to exceed the budgeted amount.

The Committee deliberated the need to start reviewing the Terms of Reference and consider the Alwyndor medium-term strategic and long-term financial plan. The Committee agreed to participate in a facilitated workshop in early September to consider re-prioritising the current strategic plan with a view to building a 5-year plan. The Committee discussed the interrelation of the Terms of Reference, Strategy, and professional development for members. The Committee noted that they have expected staff to undertake a lot of change and it is important for the Committee to consider the way they work and communicate. Members discussed the importance of determining if engaging a facilitator is for the strategic planning process or working relationships and development of the Committee.

The Committee sets the vision, works with senior management to plan how that is communicated and delivered to the organisation, then the organisation delivers on that vision.

The Committee sought a one-page timeline and who will be involved for the review of Terms of Reference and that this be reviewed with the Chairperson. The Committee also discussed the obvious updates necessary for the Terms of Reference including: services we provide; term of appointment and election of members; strategic timeframes; clarity of Trust.

Motion

- 1. That the following items be noted and items of interest discussed:**
 - 1. Meeting Dates and Task Schedule**
 - 2. WHS Implementation Plan**
 - 3. Register of Interest Form – Related Party Disclosure**
 - 4. CCTV Upgrade**
 - 5. Strategic Plan Review**
 - 6. Review of AMC Terms of Reference**

2. **That the Alwyndor Management Committee approves proceeding to tender for the acquisition of a fully comprehensive CCTV system for installation at Alwyndor at a cost as per the budget.**

Moved Ms Wills, Seconded Cr Lonie

Carried

8. URGENT BUSINESS – Nil

9. DATE AND TIME OF NEXT MEETING

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10. CLOSURE

The meeting closed at 8.14 pm.

CONFIRMED 21 August 2018

DEPUTY CHAIRPERSON

Item No: 7.1
Subject: **GOVERNANCE UPDATE**
Date: 21 August 2018
Written By: Best Practice and Innovation Coordinator, Ms R Cantos
General Manager: Alwyndor, Mr R Kluge

SUMMARY

This report summarises the objectives, tasks and achievements to date within the governance framework areas of:

- Governance leadership and culture;
 - Safety and quality systems improvement;
 - Clinical performance and effectiveness;
 - Safe environment for the delivery of care;
 - Partnering with consumers; and
 - Innovation opportunity.
-

RECOMMENDATION

That the Alwyndor Management Committee receives and notes the information provided in this report.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community

Community: Providing welcoming and accessible facilities

Culture: Providing customer-centered services

Culture: Enabling high performance

Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Emergency Planning for Aged Care Services (Industry Alert issued by the Commonwealth Department of Health: 17 October 2017)

National Standard for User Applied Labelling of Injectable Medicines, Fluids and Lines 2015.

BACKGROUND

The majority of activities outlined in this report were undertaken by the Best Practice and Innovation Coordinator who commenced in this role in May 2018.

REPORT

Governance Leadership and Culture

Legislative compliance

To improve efficiency and accuracy of legislative updates, we have partnered with Law Compliance for this financial year. Law Compliance provide details in relation to legislative changes in Aged Care including all of the services we provide to consumers. The information identifies what will be affected and who will be affected by the change. This information will be tabled at the Governance Committee and appropriate action allocated to the relevant business unit head.

Safety and quality systems improvement

A re-accreditation audit for Home Support Services and Active and Healthy Living was conducted on 26 and 27 of June 2018. An interim quality review report has been received and recommends a 'met' for all expected outcomes. However, additional information is provided in the following areas:

- Regulatory Compliance
- Information Management System
- Human Resources
- Physical Resources
- Care Plan Development and Delivery
- Service User Re-assessment.

The Home Support team is developing a Continuous Improvement Action Plan with the goal of reviewing/ auctioning the recommendations provided as required.

An TCP/CAP Audit was conducted by SA Health on 3 May 2018. The formal report has not been provided however, recommendations provided during the audit are as follows:

- Consistency with documentations
- Timely allied health referrals and assessments

Following Medication Management review by internal and external audit, the current process does not align with registered and enrolled nurses practice standards and the Guidelines in Medication Management in Residential Aged Care.

- One legislated requirement is that registered and enrolled nurses are to administer medications only when a signed doctors order is provided. However, current practice involves transcribing the doctors order by the pharmacist into our electronic medication system, Med Mobile. Our nurses have been using this unsigned and transcribed information to administer medications. This does not meet legislation and the risk of pharmacy transcribing error is high, as demonstrated on at least two occasions.

- Med mobile also does not provide space for the doctor to write 'indications for use' for 'as required' (PRN) medications. A PRN order for psychotropic medication (behavior altering medications) for instance is considered to be chemical restraint and as such must be accompanied by clear 'indications for use' to avoid inappropriate administration.
- Med mobile does not provide automatic alerts for a medication review. Under the Guidelines of Medication Management in Residential Aged Care, all residents need to have their 'regular' medication reviewed by their GP. Standard practice for review is 3 monthly or during care plan evaluation. Current Alwyndor policy is 6 monthly.
- There is multiple handling of medication order changes.
- When the GP makes a change to a resident's medication order, this is written in a variance medication chart. The variance chart is then faxed to the Pharmacy for medication delivery and transcription of the change into the Med Mobile system. The variance chart is then used by nurses to administer medication until the pharmacy has found the time to transcribe the order. Incidents of staff losing the variance chart has occurred resulting to medication errors.
- The medication 'timing' (when medications are due to be given, e.g. breakfast, lunch and tea) in the Med Mobile system are set and cannot be changed for residents with 'time specific' medications such as '2-hourly' or 'before meals' medications. This issue causes confusion for staff (especially agency) and has resulted in an increase in medication errors.

The issues identified above have resulted in the use of the National Residential Medication Chart (NRMC), which has a government approved prescription attached to the charts. This will eliminate transcribing by the pharmacist, all 'as required' medications will have an 'indication for use' provided, medication orders will be reviewed in-line with the prompt on the medication chart and re-written by the GP every 4 months. Furthermore, specific times will be recorded for each medication order. The use of NRMC was discussed with the GP who manages the majority of our residents and he supports the change. The medication charts have been ordered and received and a timeline for implementation is in place. Medication practice will be audited three months post implementation.

Various audits both internal and external highlighted issues with skin integrity management and a high number of skin issues for the population at Alwyndor. The current electronic care system, iCare has some restrictions that cause issues with monitoring of skin integrity, which could cause the review of skin integrity issues to be missed and lost in the system. Issues include:

- Wounds that do not have the 'next review date' in the Wound Chart will be 'lost' in the system and have no other way of tracking it unless one goes into each resident's files each day to search for wound information. The 'next review date' in iCare is a non-mandatory field hence some nurses have missed this field, losing that information for following shifts.
- The task bar has two different ways to close the task. First is to go to the resident's wound chart and complete the task. This will then lead to the above point. The other way is to use the task bar to indicate the task has been completed. If nursing staff complete the task this way then a 'next review date' will not be asked causing the wound to automatically fall off from being monitored.

Because of these system restrictions, all skin integrity issues are being recorded and managed manually using a new Skin Integrity Assessment and Management Form. A new monitoring system is also in place and we have found the clinical team is now providing monitoring, management and healing of wounds and all other skin integrity issues in a timely manner.

To improve clinical knowledge of Clinical Nurses (CN), a CN was sent to a Nurse Forum on Wound Management on 16 May 2018. The CN has provided positive feedback and new knowledge regarding wound management and choice of dressing products.

We have communicated the above issues to iCare. They have not provided an appropriate response thus far.

Clinical Performance and Effectiveness

Results of clinical audits show that Alwyndor (residential services) has some areas it needs to improve in regard to its clinical performance. We have identified that this is mainly due to changes made in the past to policies, procedures and work instruction without updating the audit questions. A clinical audit working party has formed to review current clinical audits, with a goal to establish clinical questions that are in-line with the new accreditation standards and better practice. This process will also allow Home Support Services to be incorporated into the same clinical audits.

Data gathering for clinical indicators has been a challenge for residential services as it can be difficult to extract data from iCare. Because of this, Care Managers have needed to spend significant time manually counting and printing all incident reports to ensure accuracy of data. In consultation with Support Services, we are now able to get sufficient accurate data to analyse via Power BI. It is still not giving the whole picture and will still require manual checks for some information however this will be used and a focus placed on more effective ways of capturing accurate data.

We have increased the frequency of Care Services Committee meetings to discuss clinical issues, identify risks and action appropriately. An extensive standing agenda has been approved by all committee members.

Safe environment for the delivery of care

The staff handover process was evaluated following feedback from staff and an external consultant. An inclusive handover, which involves all incoming staff together in one handover area, has commenced. The attending Clinical Nurse (CN) is now responsible for ensuring handover communicates necessary and important resident information, and that staff pay attention and understand their directives. There is room for improvement though, as we currently rely on agency staff.

To ensure improved communication for all care and nursing staff, a Vital Communications folder which contains all current memos is being read by the CN for all incoming shifts for each shift for a fortnight during handover. Staff may then have to listen to the memo multiple times, however this process will ensure that care and nursing staff receive the information and have a chance to clarify anything they do not understand. The Vital Communications Folder is kept in Riddle nurses station and can be accessed by any staff any time.

Following an Audit for Schedule 8 (S8) Medications in February 2018, by former Best Practice and Innovation Coordinator identified issues with medication compliance due to staff practices in recording and reporting incidences regarding S8 Medications. The process was subsequently reviewed, and updated to meet legislative requirements. Necessary reporting for unaccounted S8 was followed and a re-audit of S8 Medication was conducted in June 2018 and significant improvement noted. The issues identified in February were resolved however, re-audits have been scheduled regularly for this financial year.

As a result of an audit conducted by an external consultant, there has been a change in the product used when administering crushed medications to make it more palatable. Nursing staff are now using 'snack packs' that are discarded at the end of every medication round in lieu of a sauce bottle. This eliminates risk of cross infection and unmonitored food handling and eliminates the need for a cleaning schedule for the previously used sauce bottles.

Policies and procedures

Policies, procedures, work instructions and forms that have been ratified include:

- Quality and Continuous Improvement
- Feedback
- A number of Podiatry Work Instructions
 - Aseptic Non-Touch Technique (ANTT)
 - Blood and Body Substance Exposure
 - Blood and Body Substance Spill
 - Cleaning Agents Selection and Use
 - Cleaning of Reusable Medical Devices
 - Cleaning Reusable Patient Care Equipment
 - Collection of Used Reusable Medical Devices
 - Consumption of Food and Fluids in Clinical Area
 - Environmental Cleaning
 - Hand Hygiene
 - Handling and Disposal of Sharps
 - Infection Prevention and Control Education
 - Instruments for Repair
 - Latex Allergy
 - Linen and Laundry Services
 - Loading Steam Sterilizers
 - Manual Cleaning of Reusable Medical Devices
 - Medicaments Creams and Materials
 - Multi-Resistant Organisms
 - Preparation of Reusable Medical Devices for Sterilization
 - Recall Protocol
 - Single Use Items
 - Staff Health Illness and Work Exclusions
 - Standard Precautions
 - Steam Sterilizer
 - Sterilization Cycle Records

- Storage and Handling of Sterile Items
- Transmission Based Precautions
- Ultrasonic Cleaners
- Unloading Steam Sterilizers
- Waste Management
- Work Instruction Cleaning Sterilization and Documentation
- Therapy Work Instructions
 - Group Reviews
 - Transport Survey Form
 - Occupational Therapy Group Assessment Form
 - CAPS Allied Health Pathway
 - Therapy Documentation
 - File Preparation
 - Appointments
 - CDC Documentation
 - Physiotherapy documentation for CDC clients
 - Occupational Therapy - Home safety assessments
 - Waitlist Management
 - Social Work client management and documentation
 - Allied Health management of TCP (residential) clients
 - Client Non-Attendance
 - Occupational therapy Equipment Assessments
 - Service Statistic Record
 - Managing Referrals
 - Podiatry documentation for CDC clients
 - Residential Assessment
- Skin integrity management
- Skin integrity assessment and management
- Meeting agenda template and meeting minutes template

Policies, procedures, work instructions and forms currently on draft includes:

- Medication Management and all Work Instructions relating to medications
- Management of Bed poles/stick in the community setting
- Management of falls in the community setting

By reviewing the policies and procedures in iCare, L and M Drive we found there are over 650 documents (not including forms and templates) in our network drive. Best Practice and Innovation Coordinator is working with the Chief Operating Officer to establish an appropriate and well-controlled environment for the storing of master copies of all documents.

A new documentation working party is currently reviewing the framework of our Policies, procedures, work instructions and other related forms and templates. We are also obtaining insights and knowledge from our external consultant as we move onto the new single set of accreditation standards.

Partnering with Consumers

To ensure all feedback (comments, complaints, compliments and suggestion for improvement) are captured we have reviewed and redesigned the 'Staff Continuous Improvement Form' to 'Tell us what you think form'. This updated form captures ARAS (Aged Rights Advocacy Services) requirement for a feedback form from staff. We have also tabled at the next Support Services Meeting a request to review and redesign the consumer's feedback form or merge them together to one feedback form that meets all requirement. The current consumer feedback form does not meet all requirements and is not large enough for some of the feedback we receive.

Home Support and Healthy Living Services capture feedback via surveys and exit forms however, a review has identified this feedback is not recorded in the organisations feedback database. In consultation with the Home Support and Healthy Living Services manager all staff are now required to forward all types of feedback to the Best Practice and Innovation Coordinator to be entered into the database. This has resulted in an increased in feedback in the last month due to the improved reporting and recording culture.

Innovation Opportunity

As we are a standalone facility, we are unable to effectively benchmark our data and previously have used Stewart Brown for benchmarking. An innovation opportunity arises following outreach to two other residential aged care homes within the 10-km radius in the area with similar size and type of care being provided. We have communicated and established a relationship and have agreed to benchmark our statistics with them. Once we can collect our data effectively and efficiently we can start meeting with them to discuss and de-identify any information that will attribute to the aged care home.

BUDGET

There are no financial requirement for the abovementioned innovation opportunity.

LIFE CYCLE COSTS

Not applicable.

Item No: 7.2
Subject: **HEALTHY LIVING SERVICES UPDATE**
Date: 21 August 2018
Written By: Active & Healthy Living Manager, Mr S Drew
General Manager: Alwyndor, Mr R Kluge

SUMMARY

This report provides an overview of the activity in the Therapy Services department between April and June 2018.

RECOMMENDATION

That the Alwyndor Management Committee receives and notes the information provided in this report.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community
Community: Providing welcoming and accessible facilities
Culture: Providing customer-centered services
Culture: Being financially accountable
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Not Applicable.

BACKGROUND

Not applicable.

REPORT

Major achievements for the last quarter include the following:

- Healthy Living Services Accreditation: 18 Expected Outcomes all met with nil recommendations
- Healthy Living Services \$87K profit at the EOFY F17/18
- Healthy Living Services Manager backfilling Home Support Services Manager for 6/52
- Valerie Dickinson retirement after 31 years of service
- Customer Liaison team handles all incoming calls and bookings for the Healthy Living Services Department via Home Care Manager
- Inspiring Health Project completed in conjunction with Flinders University and CoHB
- Council 'Early Intervention' Pilot Program reviewed by CoHB and endorsed indefinitely
- Early Intervention Working Party: statistics presented to the Care & Services Committee
- UniSA Physiotherapy Students commenced for 2018 – TCP with an increase in student numbers
- Podiatry Project completed and quality embedded within the service audit schedule
- Healthy Living Department orientation folder containing business rules and work instructions completed (approx.. 16 work instructions developed)
- As per previous report: Healthy Living Manager part of the R-ACFI task force to ascertain the impact of the new ACFI tool on operational funding
- R-ACFI modelling completed by ACSA on the 27/7/18; report to be provided to Alwyndor in due course, outlining financial implications of new ACFI tool
- Active & Healthy Living Manager leading the Residential iCare Working Party: care plan draft completed with approx. 50% of assessments re-written. Action Plan can be provided upon request.
- Podiatry Medicare item 731 (Chronic Disease Management) from Residential commenced: requires refinement from a back-office process perspective (remains outstanding)
- Healthy Living Assistant role and PD has been drafted and to be presented to the Support Services Committee (role developed in response to outstanding consumer feedback)
- New Manual Handling Training/process has commenced with the Healthy Living Department delivering all new and on-going employee training; all materials updated, new competencies developed and staff refreshed in 'train the trainer' program
- Dentist contracted for 12 months with all regulatory compliance documentation completed.

On-going operational and business development activities:

- Healthy Living Marketing Plan: to be operationalized with budget constraints
- CoHB and Manual Handling Opportunities i.e. Alwyndor to train their field workers
- Podiatry contract due for completion May – offer presented to Podiatrist and awaiting response
- Dental Booking Procedure drafted and to be presented at next Care & Services Committee
- Investigating the direct debiting of clients for group sessions to secure positions and also mitigate financial losses if consumer does not attend: WIP
- Service Agreement for Therapy Clients with lawyers

- Project Plan for GP services; preliminary phase of investigation; has been stalled due to competing priorities

Continuous Improvement Activities

- Care of Older Persons with Dementia (COPE):** Evidence-based programs to improve the wellbeing of people with dementia and their carers: Implementing COPE (Care of Older Persons with Dementia in their Environment) in the Australian health context.
- Podiatry Project:** Review of clinical operations in the Podiatry clinic with focus against the NHMRC guidelines for infection control: 10 month project CLOSED
- Therapy Policies & Procedures Project:** Development of an Orientation Folder for the allied health services offered in the Healthy Living Department; contains work-instructions, procedures and business rules; note on going but near completion.
- Electronic Documentation on Home Care Manager:** exploring to have all clinical documentation ceased as paper based/hard filed and conducted on Home Care Manager
- Healthy Living Membership:** membership model for group classes, offer to community and residential clients; direct-debit model; aim to reduce cancellations and DNA's
- Physiotherapy Group Assessment:** introduction of new clinical outcome measure tool that aligns with Wellness and Reablement expectations of goal setting

Operations

Deed Outputs (April-June 2018):

- Total outputs April-June 2018 = 3118.5 (Increase of 89.5 hours or 3% from same period 2017)
- % of deed for April-June 2018 = 95%
- % of deed for 2017/2018 financial year = 94.5%

Analysis

Despite fluctuations in individual disciplines, compliancy remains high largely due to the group exercise classes. At above 90% of the deed requirement there is minimal risk at this stage with not meeting our service activity requirements.

Therapist Utilisation:

Month	Senior PT KPI 75%	PT KPI 80%	PT KPI 80%	OT KPI 80%	OT KPI 70%	SW KPI 70%	SP KPI 80%	Pod KPI 90%	Pod KPI 95%
April	67	74	83	67	83	85	96	88	85
May	64	70	78	76	71	72	100	100	92
June	58	85	64	75	89	67	100	81	85
Total	63	76	75	73	81	75	99	89	87

Team KPI: 80% (measure of overall performance); KPI achieved for the quarter

Variances:

Therapist utilisation takes into account annual and sick-leave periods but not meetings (team meeting - 1.5hours/month; seniors' meeting - 1.5 hours/month; TCP meeting - 1hour/week; 3 hours of PT meetings in September; planning day with entire team).

Utilisations can be affected by DNA's and cancellations at short notice. We are unable to quantify this measure at present due to the nature of the booking system. Adjusted figures to be presented upon request.

Nb: utilisations not reported on during May due to A/L of the Healthy Living Services Manager

Analysis:

Monthly variations occur with no foreseeable trending. The low KPI's for the Senior PT is currently being managed by the Therapy Manager. A planning day to set non-financial related KPI's for the team is to follow. Overall team performance is being met at 80% direct client-contact/utilisation.

People

All staff PDR's have been conducted, nil outstanding.

Nil positions vacant with full complement of staff.

A new position is going to be recommended to the GoC after endorsement by the Care & Services Committee i.e. Healthy Living Assistant, aka fitness instructor.

Leave: April-June 2018

Hours	Sick Leave	Annual Leave	Long-service	Total
4 th Quartile	147	365	0	512

Analysis:

Nil concerns regarding the management of workforce against leave entitlements.

Risk, Quality, Safety

- Therapy Group Audits conducted for the quarter with 100% compliance.
- Residential physiotherapy care plan reviews approximately 100 for the quarter with 100% compliance achieved.
- Podiatry Action Plan completed and compliance against NHMRC guidelines
- Monthly auditing schedule of client files in-situ with increased sample size and sensitivity.

Audit analysis/summary

All audits are conducted in a timely fashion and a rolling action plan are sent to the team post audit and then discussed in the monthly Healthy Living meetings. Audit schedule stood up to scrutiny from the auditors and they were satisfied that all areas of concern were being addressed, completed and reviewed.

July 2018 Results

Healthy Living Client File Audits (below)				
Occupational Therapy Documentation	Healthy Living	Active & Healthy Living Manager	Monthly	97
Physiotherapy Documentation	Healthy Living	Active & Healthy Living Manager	Monthly	92
Podiatry Documentation	Healthy Living	Active & Healthy Living Manager	Monthly	94
Social Work Documentation	Healthy Living	Active & Healthy Living Manager	Monthly	86
Speech Pathology Documentation	Healthy Living	Active & Healthy Living Manager	Monthly	100
Podiatry Self-Audit Tool	Healthy Living	Active & Healthy Living Manager	Bi-annual	100

Feedback

Figure 1. The Healthy Living Department has received 17 forms of feedback for Quartile 1 F18/19



Figure 2. The breakdown of feedback is 47.06% suggestions and 52.94% compliments. Note that CI initiatives have ensued as a result of the feedback.

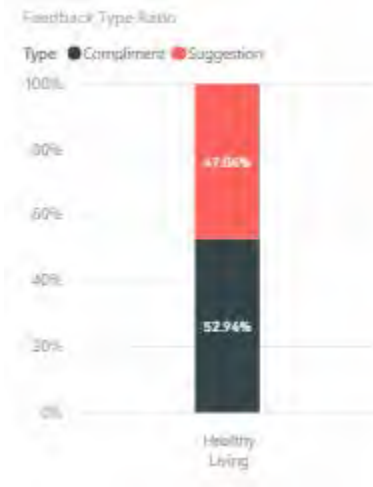
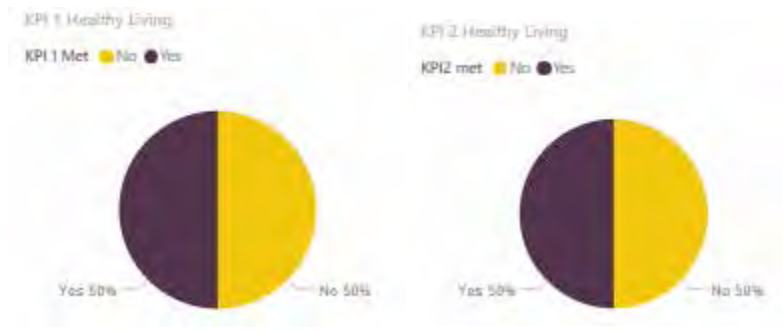


Figure 3 Response time KPI's for all compliments, suggestions and complaints



BUDGET

Figure 1 Income Split a. 100% CHSP funding (\$763K), b. 21% Private Fees (\$165K and predominately CDC). Profit EOFY \$87K.



Budget variance EOFY \$198K; variance is due to Operational advancements and predominately improved sensitivities with regards to the financial reporting.

LIFE CYCLE COSTS

Not Applicable.

Item No: 7.3
Subject: PEOPLE AND CULTURE UPDATE
Date: 21 August 2018
Written By: Chief People and Culture Officer, Mr B Capes
General Manager: Alwyndor, Mr R Kluge

SUMMARY

This report provides an update on Human Resources (HR) activity for the last two months as well as planned future activity.

RECOMMENDATION

That the Alwyndor Management Committee receive and note the update on People and Culture activities as outlined in this report.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community
Culture: Providing customer-centred services
Culture: Enabling high performance
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

City of Holdfast Bay (Alwyndor Aged Care) Employee Enterprise Agreement 2016-2019

STATUTORY PROVISIONS

Not Applicable

BACKGROUND

This report provides an update on Human Resources (HR) activity for the past two months, as well as planned future activity.

REPORT

Operations – current

- Recruitment
 - HR have engaged in significant recruitment over the last four months including:
 - § Multiple Clinical Nurses
 - § Hospitality Supervisor
 - § Maintenance Supervisor
 - § Systems/Network Administrator
 - § Lifestyle Officer
 - § Multiple Residential Care Workers
 - § Employee Engagement Officer
 - § Multiple Community Support Workers
 - § Casual Cleaner
- Return to Work
 - HR currently have 8 active worker's compensation claim
- Industrial Relations
 - United Voice have appealed two decisions with one progressing to Full Bench. Alwyndor is awaiting the decision on both matters
- HR Administration
 - HR is working with the Customer Liaison team to centralise many HR admin functions
 - HR are working with payroll/admin to streamline the administration required for new starters and eliminate some duplication in process
- WHS
 - Alwyndor is continuing with the WHS Plan
 - Alwyndor is continuing to work with Skyrust to implement the on line WHS management system
- Restructures
 - The residential restructure has been completed
 - There are no disputes remaining regarding the changes
 - Four individuals were made redundant as part of the process.

Operations – future

- HR Plan
 - We will continue to work toward the HR and WHS Plan
 - Significant work is still required around recruitment
 - HR will also be heavily involved in restructuring Home Support Services over the coming months
 - The plan will be refined over the next month to timeline events
- WHS
 - WHS will continue in line with the WHSMS Gap Analysis Action Plan
 - Skytrust will commence following implementation of the new payroll system

People

An Employee Engagement Officer (EEO) has been engaged on a full time basis for 6 months. Alwyndor's EEO has been engaging with staff and has provided significant assistance with regular HR processes, such as recruitment and inductions.

The HR Officer (.6 FTE) and WHS Officer (.6 FTE) will continue in their roles for the next 6 months, with the HR structure to be reviewed in 6 months' time.

Risk/Quality/Safety

In addition to continuous improvement to induction, WHS and administration activities, HR will focus on performance management over the next three months, as this will be a fundamental step to improving the quality of care and mitigating risk.

BUDGET

Not Applicable

LIFE CYCLE COSTS

Not Applicable

Item No: 7.4

Subject: **MINUTES – GOVERNANCE AND OPERATIONS COMMITTEE – 7 AUGUST 2018**

Date: 21 August 2018

Written By: General Manager, Mr R Kluge

General Manager: Alwyndor, Mr R Kluge

SUMMARY

The minutes of the Governance and Operations Committee meeting held on 7 August 2018 are provided for information.

RECOMMENDATION

That the minutes of the Governance and Operations Committee meeting held on 7 August 2018 be noted.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community
Community: Providing welcoming and accessible facilities
Culture: Providing customer-centred services
Culture: Enabling high performance
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Not Applicable.

BACKGROUND

At the meeting held on 21 November 2017, the Alwyndor Management Committee considered changes to the corporate governance structure at Alwyndor (via Report No: 59/17), and moved that:

Motion

1. *That the Alwyndor Management Committee agree to the new governance committee structure, with minor adjustments.*
2. *That the General Manager develop a framework, policy, and terms of reference for the new governance committee structure and present to the Alwyndor Management Committee for review in 6 months.*

Moved Mr Peters, Seconded Mr Bamford

Carried

The Governance and Operations Committee role is to oversee the following:

- Governance (Standard 8);
- Consumer Engagement;
- Accountability, Monitoring and Assessment;
- Organisational Wide Systems:
 - Compliance
 - Continuous Improvement (CI)
 - Risk Management
 - Information Systems;
- Service Development;
- Operational Performance; and
- Strategic Priorities.

REPORT

This report presents the minutes for the August 2018 meeting of the Governance and Operations Committee.

Refer Attachment 1

BUDGET

Not applicable.

LIFE CYCLE COSTS

Not applicable.



Attachment 1

<u>MEETING DATE:</u>	Tuesday, 07 July 2018	<u>ATTENDEES:</u>	General Manager – Mr R Kluge
<u>MEETING OPENING:</u>	1.03pm		Chief Financial Officer – Ms N Andjelkovic
<u>MEETING CLOSURE:</u>	2.36pm		Active and Healthy Living Manager – Mr S Drew
<u>CHAIRPERSON:</u>	R Kluge (GM)		Best Practice & Innovation Coord – Ms R Cantos
			Chief Operations Officer – Mr T Hill
			Chief People and Culture Officer – Mr B Capes
<u>MINUTES:</u>	R Gordon (PA)	<u>APOLOGIES:</u>	Residential Services Manager – Ms S Wirth
			Home Support Services Manager – Ms N Jeffery

AGENDA NUMBER	AGENDA ITEM	EXPECTED OUTCOME	OUTCOME / AGREED ACTION REQUIRED	RESPONSIBLE PERSON	DUE DATE	COMPLETED
1	Opening	N/A	The Chairperson opened the meeting at 1.02pm	GM	N/A	N/A
2	Kaurna acknowledgement	N/A	<i>We acknowledge Kaurna people as the traditional owners and custodians of this land. We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to the Kaurna People today.</i>	GM	N/A	N/A
3	Apologies	N/A	N. Jeffery	GM	N/A	N/A
4	Minutes		Taken as read and confirmed	ALL	N/A	N/A
5	Sub-committee minutes		Draft minutes for CSC and SSC noted by GOC members	ALL	N/A	N/A
6	Department KPIs	Std. 7	Residential Services New roster for Carers and EN. In week 2 of second roster cycle. St Clare taking longer to settle, all other areas have settled well. Currently recruiting. Hoping this will also reduce agency usage. CN rosters now all full. New EN commenced yesterday.	SW		

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			Home Support Services Manager – Ms N Jeffery

		Std. 4	Compliance needs to be continuously reviewed. ACFI still under – assessments being worked through. 10 reviews with 2 being down-graded.			
		Std. 4	Call bells: previously high 500s in 24hr period with 100 over the 10mins response time. Monitors show call bell times have been installed. 50% reduction in over 10mins since installation. Average time is now 3.8mins.			
		Std. 7	Home Support Services Staffing matters are being worked through.	SD		
		Std. 7	Client/family abuse towards staff member has been a recent issue.			
		Std. 8	Resthaven change-over still in progress.			
		Std. 4	Healthy Living Services BAU. Full transition of bookings to admin team has occurred. Working through utilisation rates.	SD		
		Std. 4	People and Culture Large volume of recruitment has been undertaken recently.			
		Std. 7	A number of workers comp issues are being managed. Will need to review the strategy to manage any potential workers	BC		

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			comp issues. Will need assistance in the coming weeks to set up 1:1s and discuss KPIs			
		Std. 8	Finance New scorecard format presented – intend to use for both GOC and AMC. Aim to use individual department scorecards for GOC and overview of whole of Alwyndor for AMC.	NA		
		Std. 8	Will commence trial of 6am commencement for rostering. ACTION: Managers to touch base with Customer Liaison Team Leader (AR) to work on providing info moving forward.	ALL	ASAP	
		Std. 8	ACTION: Review KPI Scorecard, and advise if any additional info required (e.g. stop light for business plan?)	ALL	ASAP	
		Std. 4	Operations Working through concerns re: external contractor and managing this matter. Resident phones should have been complete by early June but there are still a few issues that the contractors are working through. Haven't realised any additional expenses at this stage, but this is being monitored and will be done in increments as needed.	TH		

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		Std. 8	<p>NVR has been replaced as the previous was broken. Still average quality but can at least access if necessary. Power BI: Clinical incident tracking & reporting is working really well.</p> <p>Organisation Change of meeting date and time, per email, agreed. ACTION: Reschedule future GOC meetings. ACTION: Managers to complete KPIs and Business Plans ASAP</p>	RK		
7	Governance	Std.8	<p>Policy and work instructions (RC) Falls procedure ratified by SSC. ACTION: SD to distribute. Governance document with working party for review. Clinical work instructions – many WHS under review following risk assessment.</p> <p>Regulatory compliance (RC) Legislative updates. ACTION: All to review legislative updates (CFO has completed)</p> <p>Audit and survey schedule (RC)</p>	RC		
				SD	15/08/18	
				ALL	20/08/18	

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			Opportunity for improvement note with unclaimed goods policy. Audit for FY 2018-19 available. All July audits were completed and results tabled at CSC. Clinical top cat audit has been reviewed and updated. Only 4 clinical audits remaining.			
8	Risk management	Std. 8	Corporate risk register (RK) Deferred until October meeting, as the strategic planning process will affect the new risk register. Please read/review risk for own department for building into strategy.	RK ALL		
9	Other business	Std. 8	Major correspondence ACTION: Table validation report at next meeting for info. (SW) General business GOC endorsed Leadership Charter, noting there may be some minor changes to wording. ACTION: GOC to review in 12 months ACTION: Present to SSC and CSC for review and endorsement. Urgent business without notice	SW GOC TH & SW	06/09/18 TBC/08/19	

<u>MEETING DATE:</u>	Tuesday, 07 July 2018	<u>ATTENDEES:</u>	General Manager – Mr R Kluge
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			Chief People and Culture Officer – Mr B Capes
			Residential Services Manager – Ms S Wirth
<u>MINUTES:</u>	R Gordon (PA)	<u>APOLOGIES:</u>	Home Support Services Manager – Ms N Jeffery

			Nil.			
10	Action review	Std. 8	<p>Outstanding actions Most actions updated on O365. CI(P) consolidation. Discussed at SSC but no actions as yet. GOC to consider a sharepoint specialist. SSC to develop scope. Review August meeting actions and outcomes ACTION: Managers to touch base with Customer Liaison Team Leader (AR) to work on providing info moving forward. ACTION: Review KPI Scorecard, and advise if any additional info required (e.g. stop light for business plan?) ACTION: SD to distribute falls procedure ACTION: PA to reschedule future GOC meetings. ACTION: Managers to complete KPIs and Business Plans ASAP. ACTION: All to review legislative updates. ACTION: Table validation report at next meeting for info. (SW) ACTION: GOC to review Leadership Charter in 12 months ACTION: Present Leadership Charter to SSC and CSC for review and endorsement. Meeting evaluation</p>	ALL	ASAP	
				ALL	ASAP	
				SD	15/08/18	
				RG	10/08/18	
				ALL	20/08/18	
				ALL	20/08/18	
				SW	06/09/18	
				ALL	TBC/08/19	
				SW & TH		

<u>MEETING DATE:</u>	Tuesday, 07 July 2018	<u>ATTENDEES:</u>	General Manager – Mr R Kluge
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			Residential Services Manager – Ms S Wirth
			Home Support Services Manager – Ms N Jeffery

11	Next meeting		Date: 06 September 2018 Time: 10.00am Location: Board room			
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Endorsed 06 September 2018

Chairperson

Endorsed 06 September 2018
Chairperson

Item No: 7.5
Subject: GENERAL MANAGER'S REPORT
Date: 21 August 2018
Written By: General Manager
General Manager: Alwyndor, Mr R Kluge

SUMMARY

These items are presented for the information of Members. After noting the report any items of interest can be discussed and, if required, further motions proposed.

RECOMMENDATION

That the following items be noted and items of interest discussed:

1. Meeting Dates and Task Schedule
 2. WHS Implementation Plan
 3. Transitional Care Placement (TCP) Service Agreements
 4. Corporate Governance - Committee Structure Review
 5. Strategic Planning Timeframe
 6. Review of AMC Terms of Reference
-

COMMUNITY PLAN

Community: Building a healthy, active and resilient community

Culture: Providing customer-centred services

Culture: Enabling high performance

Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not applicable

STATUTORY PROVISIONS

Not applicable

REPORT**1. Meeting Dates and Task Schedule**

The register of meeting dates with attendance and annual governance task schedule listing are attached for reference.

Refer Attachment 1

This is a standing item in the General Manager's Report.

2. WHS Implementation Plan

A monthly progress report on WHS is provided for information.

Refer Attachment 2

This is a standing item in the General Manager's Report.

3. Transitional Care Placement (TCP) Service Agreements

The General Manager will provide a verbal update on Transitional Care Placement Agreements for the information of Committee members.

4. Corporate Governance – Committee Structure Review

At the meeting of 21 November 2017, via report 59/17, the Alwyndor Management Committee approved a streamlined governance structure for Alwyndor via:

Motion

1. *That the Alwyndor Management Committee agree to the new governance committee structure, with minor adjustments.*
2. *That the General Manager develop a framework, policy, and terms of reference for the new governance committee structure and present to the Alwyndor Management Committee for review in 6 months.*

Moved Mr Peters, Seconded Mr Bamford

Carried

Refer Attachment 3

The General Manager will provide a verbal update on the progress of the structure, which commenced in early 2018, and the fitness of this current structure moving forward.

5. Strategic Planning Timeframe

Further to the discussion held at the meeting of the Alwyndor Management Committee on 17 July 2018, the following timeframe is proposed for strategic planning.

Date	Anticipated outcome
21 August	Presentation by GM and discussion, state of play in industry, current strategy (key focus areas), what we have learnt, Anthea LeCornu Report.
25 August (TBC)	Facilitated strategic planning session. <i>Looking back while moving forward.</i> Confirm focus areas, high-level priorities, review corporate risks, and confirm AMC/GM line in the sand.
18 September (AMC meeting)	Draft Strategy presented for discussion and feedback.
11 October (TBC)	Facilitated strategic planning session. Presentation of Business Plans by service managers. Discussion and setting of priorities and KPIs.
16 October (AMC meeting)	Final draft Strategy presented at AMC meeting for feedback.
20 November (AMC meeting)	Adoption of Strategy at AMC meeting.

Alwyndor's current strategic focus areas are provided for information.

Refer Attachment 4

6. Review of AMC Terms of Reference

The General Manager will provide a verbal update on the review of the AMC Terms of Reference.



Attachment 1

ANNUAL GOVERNANCE TASK SCHEDULE

SCHEDULED REPORTS	BY	J	F	M	A	M	J	J	A	S	O	N	D
GENERAL MANAGERS REPORT	GM	r	r	r	r	r	r	r	r	r	r	r	r
MONTHLY FINANCE STATEMENTS	CFO	r	r	r	r		r	r	r	r	r	r	r
RESIDENTIAL SERVICES REPORT	RSM	r			r			r			r		
HEALTHY LIVING SERVICES REPORT	HLSM		r			r			r			r	
HOME SUPPORT SERVICES REPORT	HSSM			r			r			r			r
GOVERNANCE REPORT	BPI	r			r			r			r		
PEOPLE REPORT	CPCO		r			r			r			r	
OPERATIONS REPORT	COO			r			r			r			r
MINUTES – GOVERNANCE & OPERATIONS	GM	r	r	r	r	r	r	r	r	r	r	r	r
KEY REVIEWS/EVENTS													
SERVICE BUSINESS PLANS	ALL	r											
AAC WORKFORCE PLAN	CPSO		r										
AAC BUDGET ADOPTION	AMC			r									
AAC MARKETING PLAN	COO				r								
AMC OFFICE BEARERS ELETION	AMC							r					
DELEGATIONS INSTRUMENT REVIEW	AMC								r				
COPRORATE RISK REGISTER REVIEW	AMC				r						r		
STRATEGIC PLANNING WORKSHOP	AMC											r	
AUDITED FINANCIAL STATEMENTS	CFO											r	
INVESTMENT MANAGEMENT STRATEGY	CFO											r	

ALWYNDOR MANAGEMENT COMMITTEE MEETING DATES FOR 2018

Member	Term Start	Term Expires	16 Jan	20 Feb	20 Mar	17 Apr	15 May	19 Jun	17 Jul	21 Aug	18 Sept	16 Oct	20 Nov	18 Dec
D. Royans	Jul 2007	July 2018												
T. Bamford	Jul 2013	July 2019												
Cr. R. Aust	N/A	Nov 2018												
Cr. S Lonie	N/A	Nov 2018												
L. Wills	Jul 2015	July 2019												
O. Peters	Jul 2015	July 2019												
I. Pratt	Jul 2005	July 2018												
J. Bonicci	Oct 2016	July 2019												
J. Cudsi	Mar 2017	July 2019												
T. Aukett	Sep 2017	Sep 2019												
K. Whitford	July 2018	July 2020												
K. Cheater	July 2018	July 2020							obs					



Attachment 2

WHS Management System Gap Analysis 2018 – Timeline for Implementation (Progress Report)

Item	Goal	Target (EOM)	Status	Comments
1. May 2017 (Theme: <i>Planning</i>)				
1.1	Development of the Alwyndor WHS Management System	May		System completed
1.2	Older versions of the Alwyndor Hazard Profile collated, revised and updated into the new Alwyndor Hazard and Risk Profile Register. Drafted and ready for consolation	May		Completed.
1.3	Suite of Alwyndor specific 'One Page Procedures' based on the CHB/Alwyndor shared WHS Procedures and CHB 'One Pages'. First drafts completed and ready for consultation	May		Completed. Releasing in stages
1.4	Commencement of induction and training related actions. Working parties established	February 2018		Completed
2. June 2017 (Theme: <i>Consultation, and Hazard and Risk Management</i>)				
2.1	New HSC composition finalised	June		Completed.
2.2	Review of how WHS & RTW performance information is presented to the Alwyndor HSC and SMT completed. Objectives and goals (KPI's) for the 2017/18 financial year implemented	December 2018		To be revisited post-WHSMS implementation.
2.3	Revised Corrective and Preventative Action accountability process implemented into HSC proceedings	June		Completed.
2.4	Revised WHS Contractor Management process enters final draft phase. Contractor Management training sourced for key staff	June		Process Completed. Contractor WHS management process consolidated into WHSMS one-pager. Inconsistent delivery identified. Will be working with CHB to refine processes.
2.5	Process for Document and Records Management (based on CHB/Alwyndor shared procedures)	June		Completed. See item 1.3.
2.6	Risk assessment program enters active phase	July 2017		Completed. Consultation still ongoing
3. August 2017 (Theme: <i>Induction and Training</i>)				
3.1	Draft frameworks and process for: <ul style="list-style-type: none"> · Tiered induction programs (incorporating CHB requirements), · Organisation-wide training needs analysis, · Individualised training plans, and · Position description consistency and control Completed and ready for consultation and implementation.	February 2018		Completed
4. September 2017 (Theme: <i>Implementation, and Management Review (Continual Improvement)</i>)				
4.1	Risk assessment program complete. Documents (assessments, SOPs, SWIs, SWMS etc.) and registers complete	December		Completed
4.2	Final consultation phase: Alwyndor WHS Management System implementation	December 2018		Ongoing
4.3	Hazard management and Alwyndor WHS Management System training – program rolled out to all staff	July 2108		Currently in place. Will transition to Skytrust September

4.4	Internal audit process implemented	December 2018		On track.
4.5	Alwyndor continual improvement plan put into planning stages	September 2018		On track.

Complete | Commenced – On Track | Delayed | Not Yet Started



Attachment 3

Item No: **6.4**
Subject: **ALWYNDOR CORPORATE GOVERNANCE - PROPOSED STRUCTURE**
Date: 21 November 2017
Written By: General Manager, Mr R Kluge
General Manager: Alwyndor, Mr R Kluge

SUMMARY

This report outlines a streamlined governance structure for Alwyndor.

RECOMMENDATION

That the Alwyndor Management Committee agree to the new governance structure as outlined.

COMMUNITY PLAN

Community: Building a healthy, active and resilient community
Community: Providing welcoming and accessible facilities
Culture: Providing customer-centred services
Culture: Enabling high performance
Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not Applicable.

STATUTORY PROVISIONS

Not Applicable.

BACKGROUND

A review of the governance structure was undertaken in order to align with new standards.

REPORT

The following structure is proposed for the committees and reference groups. The WHS Committee will remain unchanged.

	Alwyndor Management Committee	Governance and Operations Committee	Stakeholder Reference Group	Support Services Committee	Care Services Committee	Early Intervention Working Party
Chair	Elected	General Manager	AMC Member	Operations Manager	Best Practice and Innovation	Residential Services Manager
Main goals	Strategy, Accountability, Risk, Performance	<ul style="list-style-type: none"> • Governance (Standard 8): • Consumer Engagement • Accountability, Monitoring and Assessment; • Organisational Wide Systems: <ul style="list-style-type: none"> ○ Compliance ○ CI ○ Risk Management ○ Information Systems • Service Development • Operational Performance • Strategic Priorities 	Feedback, Communication/ Consultation, Engagement	<ul style="list-style-type: none"> • Standard 5 – 7: <ul style="list-style-type: none"> • Service Environment • Feedback • Human Resources <ul style="list-style-type: none"> ○ Sufficiency of Workforce ○ Attributes, Attitude, and Performance eg Interaction ○ Support – Training and Education, Staff feedback • Culture/Surveys etc • Assessment and Review (PDR and Performance Management) 	<ul style="list-style-type: none"> • (Standard 1 – 4): <ul style="list-style-type: none"> • Consumer <ul style="list-style-type: none"> ○ Dignity and Respect ○ Identity, culture and diversity ○ Choice ○ Risk Taking ○ Provision of Information • Assessment and Planning <ul style="list-style-type: none"> ○ Partnering with consumer ○ Ongoing and iterative ○ Care and Service Plans ○ Effective and Timely Collaboration with Others • Delivering Care <ul style="list-style-type: none"> ○ Best Practice ○ Connected and Comprehensive Care 	<ul style="list-style-type: none"> • Parts of Standard 3, Connected and Comprehensive Care and unexpected changes, healthy ageing.

					<ul style="list-style-type: none"> o End of Life Care o Unexpected Change o Identify and Manage Clinical Risk · Lifestyle 	
Membership	2 x Elected Members, 8 x Independent Members	Leadership Team	1 x AMC, Consumer Engagement and Communications, 2 x Staff, Customer Residential, Community, Active Living (would prefer actual customer not advocate), Catering Contractor. Invited to join Council Management, Neighbour, SA Health, Doctor.	Operations Manager, HR Manager, CFO, Hospitality Manager, Consumer Engagement and Communications, Community Liaison, AHLM, CSSM	Best Practice and Innovation, RSM, AHLM, CSSM, Lifestyle Manager, CNM's	Multi-disciplinary group: CNM's, CN's, Physios, Lifestyle, other Allied Health practitioners if required
Reports received from	Operational Governance Committee	Stakeholder Reference Group, Support Services and Care Services Committee Action Items	Nil	WHS Committee	Early Intervention Working Party	Nil
Terms of Reference	Existing	In draft. <i>Refer Attachment 1</i>	To be developed	To be developed	To be developed	To be developed

BUDGET

Not Applicable.

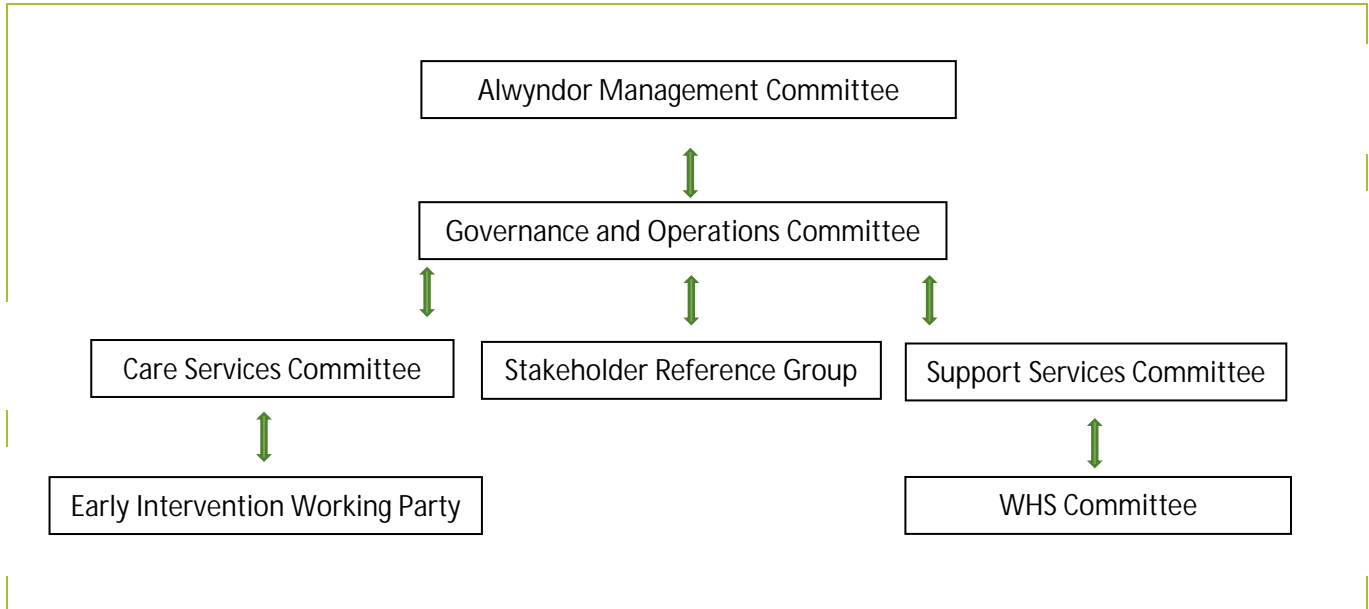
LIFE CYCLE COSTS

Not Applicable.

TERMS OF REFERENCE Governance and Operations Committee

OBJECTIVE

To lead the organisation in the planning and delivery of strategic imperatives, and is accountable for the overall governance and operational management of the organisation.



AIMS

To be accountable for the overall performance of Alwyndor via oversight and monitoring of the performance of the services provided to maintain the highest levels of consumer satisfaction whilst also ensuring adequate and appropriate governance of Human Resources, Financial Services, Information Technology. The following indicates some of the specific areas of accountability:

1. Consumer Engagement
2. Accountability, Monitoring and Assessment;
3. Organisational Wide Systems:
 - Compliance
 - CI
 - Risk Management
 - Information Systems
4. Service Development
5. Operational Performance
6. Strategic Priorities

MEMBERSHIP

- General Manager (Chair)
- Operations Manager
- Chief Financial Officer
- Residential Care Manager
- Active and Healthy Living Manager
- Community Support Services Manager
- Human Resources Manager

METHOD OF OPERATION

Quorum:

- Decision making is subject to a quorum of at least 4 members

Meetings

- To be held monthly (and more regularly at GM discretion)
- Dates and times to be set at the beginning of the calendar year
- Actions to be recorded by Personal Assistant to the General Manager
- Actions to be tabled at subsequent AMC meeting as part of General Managers Report

Code of Conduct

1. **We will show up and show up on time.** Meetings will start on time and anyone late will enter quietly and apologise.
2. **We will come prepared.** Papers for meetings will be sent out in advance with enough time for everyone to read and consider the information. We will print out and bring our own papers to the meeting wherever possible.
3. **We will participate and allow others to participate.** We will listen to others and make sure everyone is heard and respected.
4. **We will not cut people off** when they are speaking.
5. **We will not bog the meeting down with detail.** We will not talk just to talk.
6. **We will not discuss confidential information** at meetings including using names of staff, residents or clients unless the forum is appropriate to do so.
7. **We will have fun and keep it interesting.** It's ok to laugh in meetings.
8. **We will speak up** if we disagree or we do not understand what someone is saying. We will be courteous and polite when doing so.
9. **We will not have side conversations.** Only one person will be speaking at any time.
10. **We will record Actions and take enough detailed notes for those not able to attend to understand what happened.** We will record Actions as evidence of what took place and the decisions made.
11. **We will commit to Actions and carry out what we have agreed to do.** We will take accountability for carrying out what we are assigned.
12. **We will briefly go through all Agreed Actions at the end of the meeting** and make sure there are set timescales for completion.
13. **We will listen to the Chair** and agree that they are in charge of the meeting and follow their instruction.

Date adopted:

Signed: _____
Rick Kluge, General Manager

TOR Review: Annually



Attachment 4



Everybody can Live life to the Fullest

To enable a vibrant, healthy and inclusive community where people are supported in maintaining a fulfilling lifestyle with grace, dignity and purpose

Accountability
Excellence
Wellbeing
Unique
Collaboration

STRATEGIC PLAN 2017-2020

The Alwyndor Strategic Plan is developed and adopted based on a 3 year rolling time-frame basis, subject to 6 monthly reviews and annual revision. The Strategic Plan reflects the Vision and Values of the organisation and contains high level objectives found within more detailed an comprehensive business plans for each service which are underpinned by the individual performance and development plans of the Senior Management Team

Governance
Service delivery excellence and consumer confidence through a robust business framework supported by sound systems and management practices.

Quality Management System
Residential & community Accreditation
Stakeholder engagement
Risk Management

Sustainability
Ensure the long term sustainability via business focused decisions based on accurate and timely information.

Marketing & Promotion
Maximising Financial Performance
Systems
Business Acumen
Service Efficiency

People
Attract and retain exceptional and committed staff and volunteers by providing a safe, supportive and challenging work environment.

Performance Expectations
Culture
Workforce Planning
AAC Enterprise Agreement
Training and Education
Workplace Health & Safety

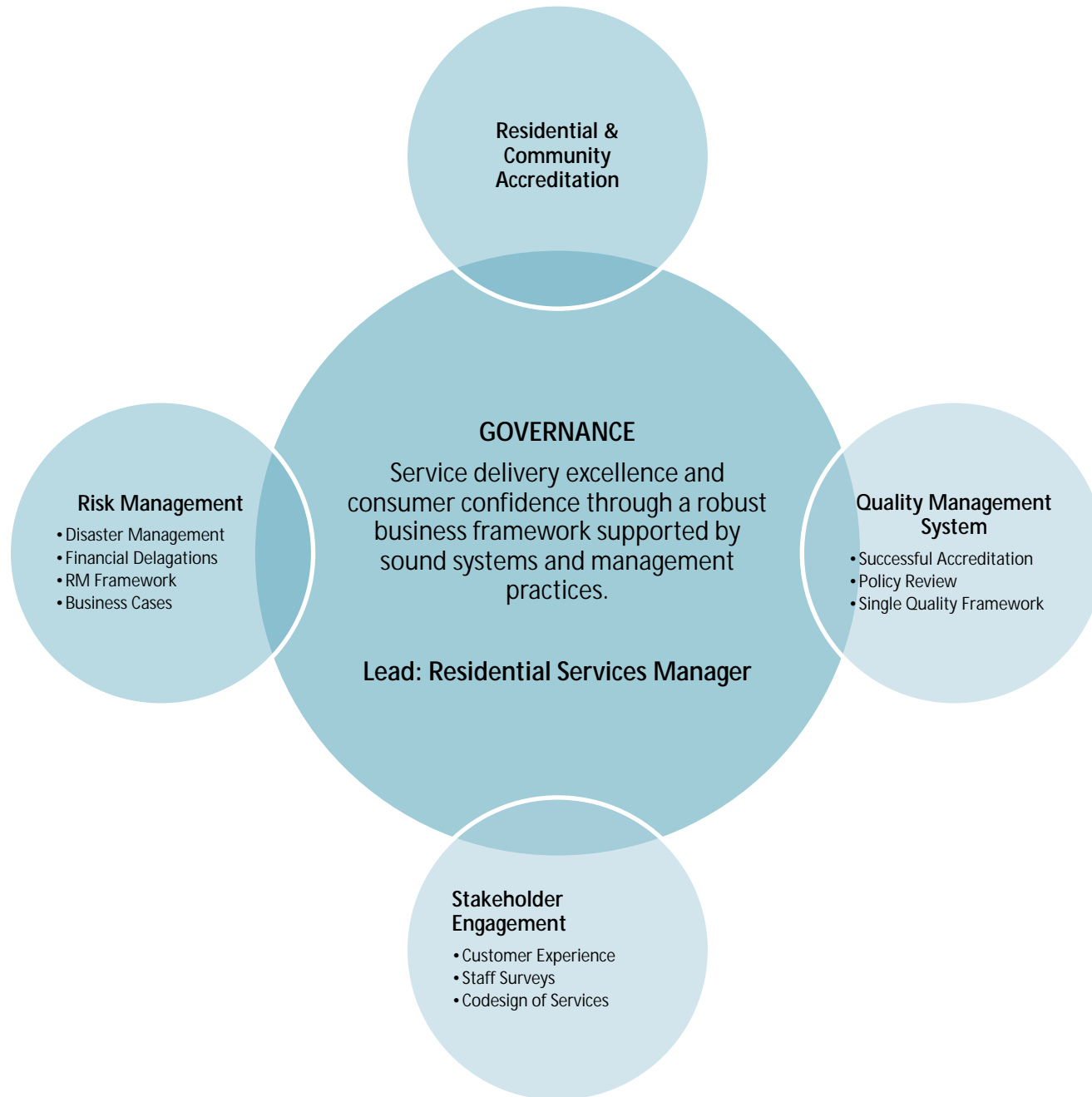
Service Development and Expansion
Fully develop future service model changes, service growth and efficiency, and business expansion options and opportunities.

Strategic Partnerships
Embed Current Service Capacity
Increase Residential/TCP Bed Numbers
Retirement Living
Service for Younger Disabled/Dementia

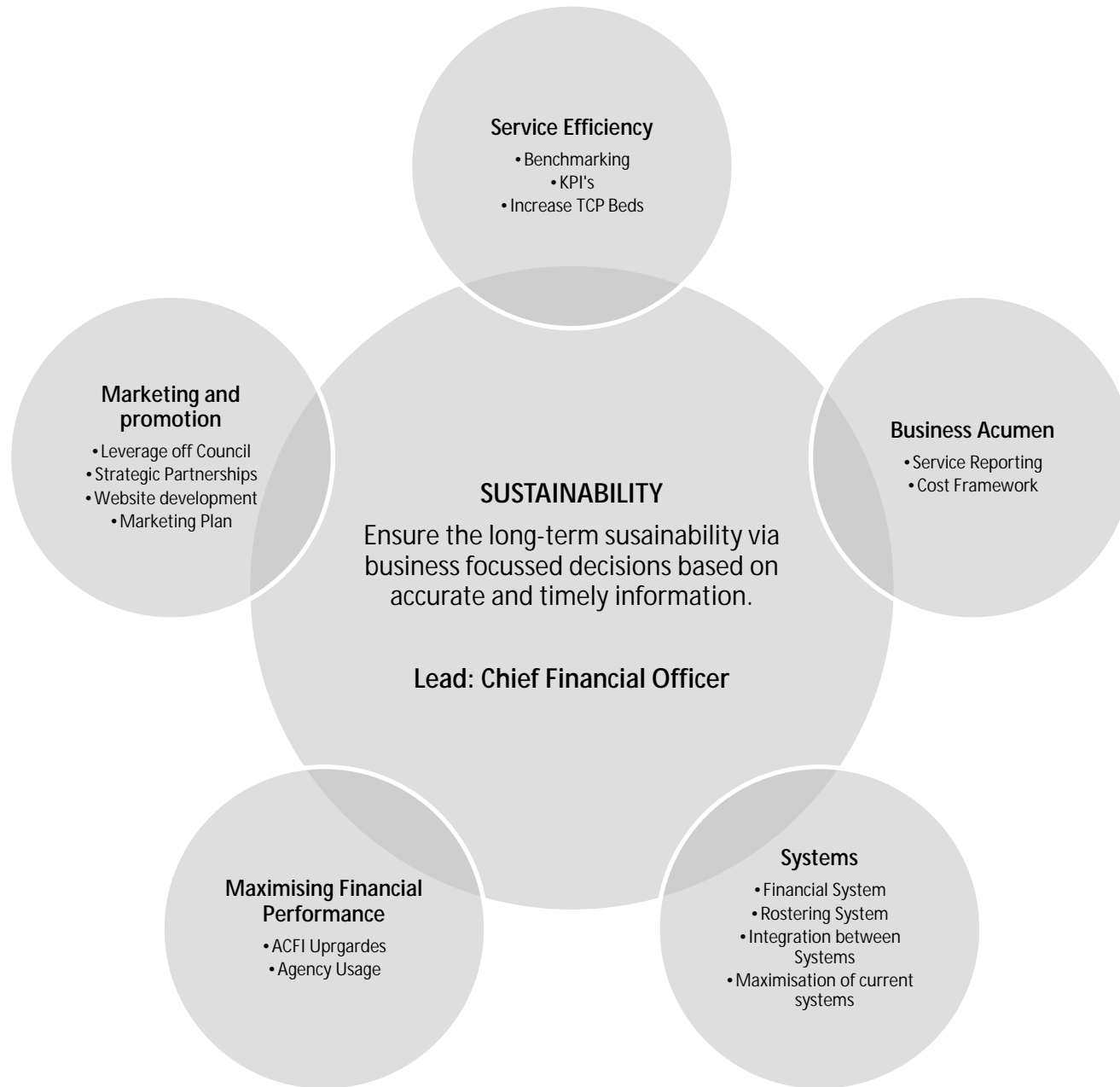
Innovation and Best Practice
An exceptional quality and range of personalised services which are responsive to emerging needs and reflect community and industry expectations.

Organisational Agility
Consumer Directed Care
Healthy Ageing Strategy
Palliative Care Strategy
Additional Services/Amenities
Systems

STRATEGIC FOCUS AREAS 2017 -2020



STRATEGIC FOCUS AREAS 2017 -2020



STRATEGIC FOCUS AREAS 2017 -2020



STRATEGIC FOCUS AREAS 2017 -2020



STRATEGIC FOCUS AREAS 2017 -2020

